

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
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TOTAL IND.	2			
TOTAL DEP.	10	↔	↔	↔
TOTAL CLAIMS	12			

51	IND.	DEP.	IND.
52			DEP.
53			IND.
54			DEP.
55			IND.
56			DEP.
57			IND.
58			DEP.
59			IND.
60			DEP.
61			IND.
62			DEP.
63			IND.
64			DEP.
65			IND.
66			DEP.
67			IND.
68			DEP.
69			IND.
70			DEP.
71			IND.
72			DEP.
73			IND.
74			DEP.
75			IND.
76			DEP.
77			IND.
78			DEP.
79			IND.
80			DEP.
81			IND.
82			DEP.
83			IND.
84			DEP.
85			IND.
86			DEP.
87			IND.
88			DEP.
89			IND.
90			DEP.
91			IND.
92			DEP.
93			IND.
94			DEP.
95			IND.
96			DEP.
97			IND.
98			DEP.
99			IND.
100			DEP.
TOTAL IND.		↔	↔
TOTAL DEP.		↔	↔
TOTAL CLAIMS			↔